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PTO/SB/22 (12-04)  
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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

## PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

FY 2005  
(This petition is to the Consolidated Appropriations Act, 2006 (H.R. 4816))

Application Number 10/330,370

Deposit Number (Optional):  
D602 0274 US (PELT-27,612)

For CIRCUIT ARRANGEMENT WITH NON-VOLATILE MEMORY MODULE AND METHOD OF EN-DECRYPTING DATA IN THE NON-VOLATILE MEMORY MODULE

Art Unit 2663

Filed: May 18, 2005

Examiner: KHURU; HUEN DUEU THI

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee
<input checked="" type="checkbox"/> One month (37 CFR 1.17(e)(1))	\$120	\$60
<input type="checkbox"/> Two months (37 CFR 1.17(e)(2))	\$450	\$225
<input type="checkbox"/> Three months (37 CFR 1.17(e)(3))	\$1020	\$510
<input type="checkbox"/> Four months (37 CFR 1.17(e)(4))	\$1560	\$780
<input type="checkbox"/> Five months (37 CFR 1.17(e)(5))	\$2100	\$1050

Applicant claims small entity status. See 37 CFR 1.27.

A check in the amount of the fee is enclosed.

Payment by credit card. Form PTO-2036 is attached.

The Director has already been authorized to charge fees in this application to a Deposit Account.

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 200760/PELT-27,612. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2036.

I am the

applicant/inventor;  
 assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).  
 attorney or agent of record. Registration Number 36,166  
 attorney or agent under 37 CFR 1.34.  
Registration number if acting under 37 CFR 1.34

STEVEN R. GREENFIELD

Signature

2005-09-05

Date

972-660-6056

Telephone Number

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest (or their representatives) are required. Submit multiple forms if more than one signature is required, see below.

Total of \_\_\_\_\_ fees are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is provided by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 0 minutes to complete. Response to this form is mandatory. If you are experiencing difficulty with this form, you may submit the completed form to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-1236 and select option 2.

Credit any overpayments

Charge any additional fees or underpayments of fee(s) under 37 CFR 1.16 and 1.17

Credit any overpayments

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## FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES		SEARCH FEES		EXAMINATION FEES		
Application Type:	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims: \_\_\_\_\_

Extra Claims: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

## Small Entity

## Fee (\$)

50

200

360

180

HP = Highest number of independent claims paid for, if greater than 20.

Extra Claims: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

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